



## APPLICATION FOR EMPLOYMENT

P.O. Box 209 (6 East Pennsylvania Avenue) Lovettsville, VA 20180

Phone/Fax: (540) 822-5788

E-Mail: [clerk@lovettsvilleva.gov](mailto:clerk@lovettsvilleva.gov) Web Site: [www.lovettsvilleva.gov](http://www.lovettsvilleva.gov)

**An Equal Opportunity Employer:** The Town of Lovettsville considers all applicants without regard to gender, race, religion, color, creed, age, disability, national origin, marital or veteran status, or any other legally protected status.

**Instructions: Please type or print in dark ink. If more space is needed you may attach additional sheets with your name and position for which you are applying on the top of each page.**

**Position Applied For:**

**Date of Application:**

How did you learn about the position?

Town Web Site ☐ Newspaper Ad ☐ Friend or Relative ☐ Employment Agency ☐ Other \_\_\_\_\_

Name:

Last

First

Middle

Address  
(Mailing)

Town/City:

State:

Zip:

Telephone:

Work

Mobile

E-Mail Address:

Are you legally eligible to work in the U.S.? Yes ☐ No ☐

Do you have a valid driver's license? Yes ☐ No ☐ Commercial Driver's License? Yes ☐ No ☐

License Expiration Date: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Are you currently employed? Yes ☐ No ☐ If yes, may we contact your current employer? Yes ☐ No ☐

Have you ever been fired or resigned from a position after being notified you would be fired? If Yes, explain. \_\_\_\_\_ Yes ☐ No ☐

Are you available:

☐ Full Time

☐ Part Time (Circle: Morning Afternoon Evening)

☐ Temporary

Date you are available for work \_\_\_\_/\_\_\_\_/\_\_\_\_

**EDUCATION:**

School	Name and Location of School	Dates of Enrollment	Degree or # of Credits Completed	Date Graduated	Major Area of Study
High School or Highest Grade Completed					
College or University					
Graduate or Professional School					
Business or Trade School					
Other (specify)					

**WORK EXPERIENCE:**

List below present and past employment, beginning with the most recent. **Part time applicants need only include the last 3 years.** Include any related military service or volunteer work. If appropriate, list number and title of employees you supervised in each position. You may attach a resume as supplemental information. You may also use additional sheets as necessary. Please put your name and the title of the position for which you are applying on each additional sheet.

Name & Address of Employer	From Mo./Yr.	To Mo./Yr.	Starting Salary	Ending Salary	# of Hours per week	Reason for Leaving
	Position Title:					
Supervisor's Name/Telephone	Description of Work:					

  

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Awards or Certifications:	Languages:																		
Specialized training, apprenticeship and/or skills and abilities received in the United States military or elsewhere.																			
Professional, trade, business, or civic activities and offices held.																			
<b>Special Skills and Abilities</b> <table> <tr> <td>Office/Computer Skills</td> <td>Maintenance/Utility</td> <td>Other:</td> </tr> <tr> <td><input type="checkbox"/> Dictation</td> <td><input type="checkbox"/> Electrical</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Typing</td> <td><input type="checkbox"/> Plumbing</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Microsoft Office</td> <td><input type="checkbox"/> Irrigation</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> GIS</td> <td><input type="checkbox"/> Construction</td> <td>_____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Landscaping</td> <td></td> </tr> </table>		Office/Computer Skills	Maintenance/Utility	Other:	<input type="checkbox"/> Dictation	<input type="checkbox"/> Electrical	_____	<input type="checkbox"/> Typing	<input type="checkbox"/> Plumbing	_____	<input type="checkbox"/> Microsoft Office	<input type="checkbox"/> Irrigation	_____	<input type="checkbox"/> GIS	<input type="checkbox"/> Construction	_____		<input type="checkbox"/> Landscaping	
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Additional information you feel may be helpful to us in considering your application:

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Personal or Professional References (Please do not include family members or past supervisors)

Name	Telephone Number	Best Time to Call	Relationship
1.			
2.			
3.			

- 1) I certify that the statements in this application are true and complete to the best of my knowledge, and I agree that any intentional misstatement or omission will constitute grounds for unfavorable consideration of my application or dismissal from employment with the Town of Lovettsville.
- 2) I authorize the Town of Lovettsville to obtain information from past employers and other sources to support the data on this application, including a review of my educational, criminal and credit records, as appropriate.
- 3) This employment application shall be considered active for a period of time not to exceed 45 days. Applicants wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at the time.
- 4) I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the Town of Lovettsville is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. I further understand that this "at will" relationship with my employer may not be changed by any written document or by conduct unless an authorized executive of the Town of Lovettsville specifically acknowledges such a change in writing.
- 5) I understand that I am required to abide by all rules and regulations of the employer.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_